## Best Available Copy

	PATENT A	PPLICATIO Effecti		NC 80058t								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E		OR	OTHER SMALL	THAN
TOTAL CLAIMS			16				Г	RATE	FEE		RATE	FEE
FOR			NUMBER F	ILED	NUMBER EXTRA		В	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			// min	us 20=	•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			W mir	nus 3 =	•		r	X42=		OR	X84=	
MUI	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II											OTHER	THAN
7.		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 6	Minus	** 2	0	=		X\$ 9=		OR	X\$18=	•
ME	Independent	. 2	Minus	***	3			X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=.		OR	+280=	
								TOTAL		OR	TOTAL ADDIT FEE	-
!	(Column 1) (Column 2) (Column 3)							DD11.1 CC			70011.12	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	· . 3	Minus	** 6	$\mathcal{X}$	=		X\$ 9=		OR	X\$18=	
AMEN	Independent	* 3	Minus	***	73		Ť	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						, [	+140=		OR	+280=	
		•					Δ1	TOTAL		OR	TOTAL ADDIT, FEE	**************************************
3 -				Ą	-		4.					
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₩Q	Total	. 3	Minus	** (	90	•		X\$ 9=		OR	X\$18=	
ME	Independent	. 2	Minus	***	3	<u> </u> =		X42=		OR	X84=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.140			+280=	
* 15 the color is colored to less than the entry in column 2 write "0" in column 3												
**	If the "Highest Nu	imber Previously P imber Previously P imber Previously Pa	aid For IN THI	IS SPACE	is less that is less that	an 20, enter "20 an 3. enter "3."		DDIT. FEE		OR x in co	ADDIT. FEE	

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THE PERSON OF TH

**Application or Docket Number**